

DPW 3622
#

CD Room

PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

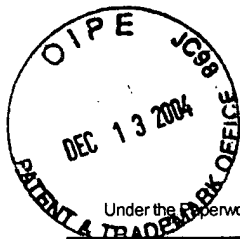
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/834,500	
	Filing Date	April 12, 2001	
	First Named Inventor	Mike CRISTOFALO	
	Art Unit	3622	
	Examiner Name	Daniel Lastra	
Total Number of Pages in This Submission	29	Attorney Docket Number	559442004400

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page) <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Amendment/Reply (16 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Information Disclosure Statement (2 pages)	<input checked="" type="checkbox"/> CD containing references, Number of CD(s) <u>1</u>	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO/SB/08 (9 pages) listing 232 references
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MORRISON & FOERSTER LLP Jonathan Bockman - 45,640
Signature	
Date	December 13, 2004



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (10-03)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2005</h3> <p style="font-size: small; margin: 0;">Effective 10/01/2004. Patent fees are subject to annual revision.</p>		Complete if Known																																																		
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%;">TOTAL AMOUNT OF PAYMENT</td><td style="width: 60%;">(\$) 180.00</td></tr></table>		TOTAL AMOUNT OF PAYMENT	(\$) 180.00	Application Number	09/834,500																																															
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<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><h4 style="text-align: center; margin: 0;">METHOD OF PAYMENT (check all that apply)</h4><div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div><input type="checkbox"/> Check</div><div><input type="checkbox"/> Credit Card</div><div><input type="checkbox"/> Money Order</div></div><div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div><input checked="" type="checkbox"/> Deposit Account</div><div><input type="checkbox"/> None</div></div><div style="margin-bottom: 5px;"><div style="display: flex; justify-content: space-between;"><div style="width: 40%; font-size: x-small;">Deposit Account Number</div><div style="border: 1px solid black; padding: 2px; text-align: center;">03-1952</div></div><div style="display: flex; justify-content: space-between;"><div style="width: 40%; font-size: x-small;">Deposit Account Name</div><div style="border: 1px solid black; padding: 2px;">Morrison & Foerster LLP</div></div></div><div style="font-size: x-small; margin-bottom: 5px;">The Director is authorized to: (check all that apply)</div><div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div><input type="checkbox"/> Charge fee(s) indicated below</div><div><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</div></div><div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17</div><div><input checked="" type="checkbox"/> Credit any overpayments</div></div><div style="font-size: x-small; margin-bottom: 5px;">To the above-identified deposit account.</div><div><input type="checkbox"/> Other (please identify): _____</div></div><div style="width: 48%;"><h4 style="text-align: center; margin: 0;">FEE CALCULATION</h4><div style="margin-bottom: 10px;"><h5>1. BASIC FILING FEE</h5><table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th style="text-align: left;">Fee Description</th><th style="text-align: right;">Fee (\$)</th><th style="text-align: right;">Small Entity Fee (\$)</th><th style="text-align: right;">Fee Paid (\$)</th></tr></thead><tbody><tr><td>Utility Filing Fee(s) basic (300); exam (300); search (500)</td><td style="text-align: right;">1,000</td><td style="text-align: right;">500</td><td style="text-align: right;">_____</td></tr><tr><td>Design Filing Fee basic (200); exam (130); search (100)</td><td style="text-align: right;">430</td><td style="text-align: right;">215</td><td style="text-align: right;">_____</td></tr><tr><td>Plant Filing Fee basic (200); exam (160); search (300)</td><td style="text-align: right;">660</td><td style="text-align: right;">330</td><td style="text-align: right;">_____</td></tr><tr><td>Reissue Filing Fee basic (300); exam (600); search (500)</td><td style="text-align: right;">1,400</td><td style="text-align: right;">700</td><td style="text-align: right;">_____</td></tr><tr><td>Provisional Filing Fee</td><td style="text-align: right;">200</td><td style="text-align: right;">100</td><td style="text-align: right;">_____</td></tr><tr><td colspan="4" style="text-align: right; padding-top: 10px;">Subtotal (1) \$ _____</td></tr></tbody></table></div><div><h5>2. EXTRA CLAIM FEES</h5><table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th style="text-align: left;">Fee Description</th><th style="text-align: right;">Fee (\$)</th><th style="text-align: right;">Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20</td><td style="text-align: right;">50</td><td style="text-align: right;">25</td></tr><tr><td>Each independent claim over 3</td><td style="text-align: right;">200</td><td style="text-align: right;">100</td></tr><tr><td>Multiple dependent claims</td><td style="text-align: right;">360</td><td style="text-align: right;">180</td></tr><tr><td>For Reissues, each claim over 20 and more than in the original patent</td><td style="text-align: right;">100</td><td style="text-align: right;">25</td></tr><tr><td>For Reissues, each independent claim more than in the original patent</td><td style="text-align: right;">200</td><td style="text-align: right;">100</td></tr><tr><td colspan="3" style="padding-top: 10px;"><div style="display: flex; justify-content: space-between; font-size: x-small;"><div>Total Claims - 20 or HP = _____ x _____ = _____</div><div>HP= highest number of total claims paid for, if greater than 20</div></div><div style="display: flex; justify-content: space-between; font-size: x-small;"><div>Indep. Claims - 3 or HP = _____ x _____ = _____</div><div>HP= highest number of independent claims paid for, if greater than 3</div></div></td></tr></tbody></table></div><div style="display: flex; justify-content: space-between; font-size: x-small;"><div>Multiple Dependent Claims</div><div>Fee (\$)</div><div>Fee Paid (\$)</div></div></div></div>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)	Utility Filing Fee(s) basic (300); exam (300); search (500)	1,000	500	_____	Design Filing Fee basic (200); exam (130); search (100)	430	215	_____	Plant Filing Fee basic (200); exam (160); search (300)	660	330	_____	Reissue Filing Fee basic (300); exam (600); search (500)	1,400	700	_____	Provisional Filing Fee	200	100	_____	Subtotal (1) \$ _____				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	50	25	Each independent claim over 3	200	100	Multiple dependent claims	360	180	For Reissues, each claim over 20 and more than in the original patent	100	25	For Reissues, each independent claim more than in the original patent	200	100	<div style="display: flex; justify-content: space-between; font-size: x-small;"><div>Total Claims - 20 or HP = _____ x _____ = _____</div><div>HP= highest number of total claims paid for, if greater than 20</div></div> <div style="display: flex; justify-content: space-between; font-size: x-small;"><div>Indep. 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Subtotal (2) \$ _____

3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
1-month extension of time	120	60	_____
2-month extension of time	450	225	_____
3-month extension of time	1,020	510	_____
4-month extension of time	1,590	795	_____
5-month extension of time	2,160	1,080	_____
Information disclosure stmt. Fee	180	180	180.00
37 CFR 1.17(q) processing fee	130	130	_____
Non-English specification	130	130	_____
Notice of Appeal	500	250	_____
Filing a brief in support of appeal	500	250	_____
Request for oral hearing	1,000	500	_____
Other: _____			
Subtotal (3) \$			180.00

SUBMITTED BY

Signature

Name (Print/Type)

Jonathan Bockman

Registration No. (Attorney/Agent)	45,640	Telephone	(703) 760-7769
Date	December 13, 2004		